

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990609
In Re Application of: Abrol, et al.
Serial Number: 09/539,499
Filed: March 30, 2000
Examiner: Alpus Hsu
Group Art Unit: 2665

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entry Fee | Fee Paid | |
|--|--|---|------------------------|---|----------|----------|
| Total* | 27 | 27 | 0 | x \$18 = | \$0 | |
| Independent** | 6 | 6 | 0 | x \$86 = | \$0 | |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$290 | \$ | |
| EXTENSION FEES | | | | <input checked="" type="checkbox"/> One Month | \$110 | \$110.00 |
| | | | | <input type="checkbox"/> Two Months | \$420 | \$ |
| | | | | <input type="checkbox"/> Three Months | \$950 | \$ |
| TERMINAL DISCLAIMER | | | | \$110 | \$ | |
| *If the number in column a is less than 20, enter 0 in column c. **If the number in column b is less than 3, enter 0 in column c. | | | | TOTAL FEE | \$110.00 | |

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: July 27, 2004

Signature:

Donald C. Kordich, Reg. No. 38,213
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QUALCOMM Incorporated
Attn: Patent Department
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San Diego, California 92121-1714
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Victoria J. Pappas
(type or print name)

Signature: _____

(TRANSMID.VER1.13-07/30/03)

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